

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004178

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INCORPORATED

Current Principal Place of Business:

874 TRADITIONS WAY
STE 300
TALLAHASSEE, FL 323064166 US

New Principal Place of Business:

Current Mailing Address:

874 TRADITIONS WAY
STE 300
TALLAHASSEE, FL 323064166 US

New Mailing Address:

FEI Number: 59-3211153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFENS, BETTY B
GENERAL COUNSEL FLA STATE UNIV
211 WESTCOTT BLDG
TALLAHASSEE, FL 323061470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMPER, KIRBY W
Address: 550 LITCHFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: TRAVIS, JOSEPH
Address: 617 SHORT STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: DC () Delete
Name: WETHERELL, T. K.
Address: OAKHILL PLANTATION-US 27 S., POB 37
City-St-Zip: LAMONT, FL 32336

Title: D () Delete
Name: CARNAGHI, JOHN R
Address: 2953 GOLDEN EAGLE DR EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ABELE, LAWRENCE G
Address: 841 MADEIRA CIRCLE
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: HODGES, BETH
Address: 109 WESTCOTT BLDG
City-St-Zip: TALLAHASSEE, FL 323061330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH HODGES

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date